

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042633

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 204

VS 300
Rev. 4/59

1 1085

2 1085

3

4 1

5 2

6

7 0

8 2

9 4200

10

11

12 93-0

13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

OCT 29 1963

1. PLACE OF DEATH

a. COUNTY Vernon

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN Nevada

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION Nevada City Hospital

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Vernon

c. CITY OR TOWN Nevada

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
830 West Hunter

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Bettie Middle Lee Last Ragsdale

4. DATE OF DEATH
Month October Day 23 Year 1963

5. SEX
Female

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
7/11/1875

9. AGE (last birthday)
88

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Henry County, Missouri

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

John William Gates

13b. MOTHER'S MAIDEN NAME

Sallie Belt

14. NAME OF HUSBAND OR WIFE

Marshall A Ragsdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Blanche Van Horn RR # 1 Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH
2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 10 a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 1959 to Oct 22, 1963 and last saw her alive on Oct 22, 1963
Death occurred at 8:43 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

22b. ADDRESS

Nevada Mo

22c. DATE SIGNED

10/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/25/63

23c. NAME OF CEMETERY OR CREMATORY

Newton Burial Park

23d. LOCATION (City, town, or county)

Nevada, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Eichinger-Milster Funeral Home Nevada Missouri

25. DATE RECD. BY LOCAL REG.

10-26-1963

26. REGISTRAR'S SIGNATURE

Armal G. Furr

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

S Percy F. Milster

Licensed Embalmer No.

4805

P. O. Address

Davada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.